

GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
RESPONSIVE DECLARATION TO APPLICATION TO SET ASIDE SUPPORT ORDER	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	CASE NUMBER: _____

1. ☐ I consent to the set aside of the support order.
2. ☐ I do not consent to the set aside of the support order.
3. ☐ SUPPORTING INFORMATION (*specify*):
☐ Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	<div style="display: flex; align-items: center; justify-content: center;"> (SIGNATURE OF DECLARANT) </div>
----------------------	---